



# The City of Long Beach, California

## COMMISSION / COMMITTEE / BOARD

### 2003 APPLICATION

*"Working Together to Serve"*

**COMMISSION/COMMITTEE/BOARD PREFERENCE (S):**

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

Mr. ☐  
Mrs. ☐  
Ms. ☐  
Other ☐

Name: (Last, First, Middle)

Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

What District  
Do you live in:

Who is your  
Councilmember:

Residence Address:

Long Beach, CA

Zip

Business Address:

City:

Zip

Residence Phone: ( ) \_\_\_\_\_

FAX/Pager/Other: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Which address & phone number do you want shown in the city roster? *(Required)*

Residence:

Business:

How long have you been a resident of the City of Long Beach?

years

Are you a Registered Voter?

**EMPLOYMENT EXPERIENCE: (Current to ten (10) years ago):**

Employer

Title

Type of Business

City/State

From

To

**ORGANIZATION / COMMUNITY INVOLVEMENT EXPERIENCE:**

Organization/Society

Title

Type of Work Performed

**EDUCATION HISTORY:**

From

To

Major

Degree

**PROFESSIONAL LICENSES/CERTIFICATES:**

License/Certificate

Date Issued

License/Certificate

Date Issued

**Some positions require the appointment of persons with specific degrees or certificates. Please indicate below those categories for which you qualify.**

Accountant	Attorney	Electrician	Pharmacist	Plumber	Veterinarian
Architect	Dentist	Nurse	Physician	Realtor	Other

**Many positions require the appointment of persons with special backgrounds or experience. Please indicate below those categories of interest or that fit your qualifications:**

Airport Issues	Disabled Issues	Industrial Issues	Redevelopment
Banking/Lending	Education	Insurance	Small Business
Building	Ethnic/Minority	Low Income	Social Service
Business	Historical Preservation	Media Issues	Transportation
Community Service	Housing Issues	Real Estate	Water/Marinas

**LONG BEACH MUNICIPAL CODE - CODE OF ETHICS (Chapter 2.07)**

Prior to assuming office or employment, every City employee, elected City official, City commission, committee or board member shall pledge, in writing, to follow the principles outlined in the Code of Ethics while acting in their official capacity:

Initials \_\_\_\_\_

**STATEMENT OF ECONOMIC INTEREST FORM: (700 Form)**

In compliance with state law, appointees to commissions are required to file a Statement of Economic Interests Form (Form 700) upon appointment, and annually thereafter. Applicants and incumbents are advised that they may be requested to make information available as to any potential conflict of interest arising from their business or affiliations where that affiliation or business may be doing business with the City of Long Beach or the decisions made by the City of Long Beach may influence that business or affiliation.

Initials \_\_\_\_\_

Applicants for Charter Commissions (Citizen Police Complaint Commission, Civil Service Commission, Harbor Commission, Planning Commission, Recreation Commission, and Water Commission) and the Long Beach Redevelopment Agency Board may be subject to background screening. The City may conduct a background investigation relating to applicant's background.

Initials \_\_\_\_\_

**The Citizens Advisory Commission on Disabilities** requires that nine (9) members be disabled representatives, and that six (6) members be representatives of agencies that work with the disabled. If you are applying for this commission, please indicate by circling the Category for which you qualify

**Disabled**

**Agency Representative**

**PERSONAL REFERENCES:** (please print names)

Name: _____	Phone: _____ ( )	Name: _____	Phone: _____ ( )
Name: _____	Phone: _____ ( )	Name: _____	Phone: _____ ( )

**PLEASE EXPLAIN WHY YOU WISH TO SERVE ON THIS COMMISSION/COMMITTEE/BOARD:**

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**STATISTICAL INFORMATION:**

To ensure adequate representation of all ethnicities and cultures in Long Beach, you may choose to volunteer such information below:

**Sex:** M \_\_\_\_\_ F \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Most councilmembers like to review commission applications and endorse when they feel the applicant is qualified for the position they are seeking. If you wish to have your councilmember endorse your application, please have him/her sign below:**

**Councilmember's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Council member's Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_